

|   |                        |   |                   |
|---|------------------------|---|-------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).)</i> |                        | Docket Number (Optional)<br>3535-0138PUS1 |                   |
| Application Number  | 10/524,104-Conf. #3834 | Filed                                     | February 10, 2005 |
| For <b>USE OF CGRP ANTAGONIST COMPOUNDS FOR TREATMENT OF PSORIASIS</b>  |                        |   |                   |
| Art Unit  | 1644                   | Examiner                                  | S. X. Wen         |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|  | <u>Fee</u> | <u>Small Entity Fee</u> |                  |
|--|------------|-------------------------|------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))               | \$120      | \$60                    | \$ _____         |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))              | \$460      | \$230                   | \$ _____         |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1050     | \$525                   | \$ <u>525.00</u> |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))             | \$1640     | \$820                   | \$ _____         |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))             | \$2230     | \$1115                  | \$ _____         |

☒ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 40,069

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

*Mary Anne Armstrong*  
\_\_\_\_\_  
Signature

*MAA*  
\_\_\_\_\_  
Type or printed name

February 29, 2008  
\_\_\_\_\_  
Date

(703) 205-8000  
\_\_\_\_\_  
Telephone Number

**NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.**

☐ Total of 1 forms are submitted.